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TO: Examiner Davis (TC1600)

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ATTORNEY DOCKET NO.: DEX-0199

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MESSAGE:

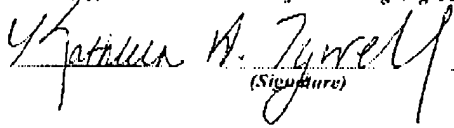
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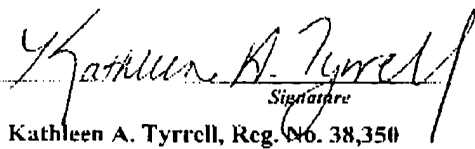
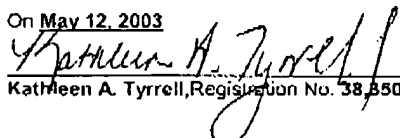
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. DEX-0199
Applicant(s): Salceda et al.			
Serial No. 09/817,318	Filing Date March 26, 2001	Examiner Davis, Minh Tam B	Group Art Unit 1642
Invention: Compositions and Methods of Diagnosing, Monitoring, Staging, Imaging and Treating Mammary Gland Cancer			
<p>I hereby certify that this _____ <u>Reply under 37 CFR 1.116</u> _____ (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9307</u>)</p> <p>on <u>May 12, 2003</u> (Date)</p> <p style="text-align: right;"><u>Kathleen A. Tyrrell</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Saleda et al.				DEX-0199	
Serial No. 09/817,318	Filing Date March 26, 2001	Examiner Davis, Minh Tam B	Group Art Unit 1642		
Invention: Compositions and Methods of Diagnosing, Monitoring, Staging, Imaging and Treating Mammary Gland Cancer					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: May 12, 2003		
Kathleen A. Tyrrell, Reg. No. 38,350 Licata & Tyrrell P.C. 66 East Main Street Marlton, NJ 08053 Tel : 856-810-1515 Fax: 856-810-1454					
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On May 12, 2003					
 Kathleen A. Tyrrell, Registration No. 38,350					
CC:					

RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 1642

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: DEX-0199

Inventors: Salceda et al.

Serial No.: 09/817,318

Filing Date: March 26, 2001

Examiner: Davis, Minh Tam B


Group Art Unit: 1642

Title: Compositions and Methods of Diagnosing,
Monitoring, Staging, Imaging and
Treating Mammary Gland Cancer

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Kathleen A. Tyrrell, Registration No. 38,350

BOX AF

Mail Stop
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Reply under 37 C.F.R. 1.116

This is a reply to the Final Rejection mailed February 12,
2003 setting a three (3) month statutory period for response.
Please enter the following amendments and remarks into the
record.

Attorney Docket No.: DEX-0199
Inventors: Salceda et al.
Serial No.: 09/817,318
Filing Date: March 26, 2001
Page 2

Amendments to the claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 5.